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Choice of Method in Termination of Pregnancy for Fetal Anomaly

A Quality Improvement Initiative

01 Introduction

NICE guidelines recommends that all patients should be offered a choice between medical termination of pregnancy (MTOP) and surgical termination of pregnancy (STOP)(1). This recommendation is based on a significant body of evidence regarding the beneficial impact offering choice has on grieving processes. In 2017, the Homerton University Hospital abortion service increased its gestational age limit for STOP from 16+6 weeks' to 24 weeks' gestation. In keeping with gold standard guidelines, this limit was also extended to Fetal Medicine Unit (FMU) patients undergoing TOPFA.

02 Objective

The primary objective was to identify the impact of this gestational age limit increase on the counselling process regarding TOPFA methods in patients from 20 to 24 weeks' gestation and subsequently the changes in the uptake of each method by FMU patients presenting to our service.

03 Methodology

From March 2017, women requesting TOPFA were counselled by FMU midwives and were offered the choice of MTOP vs STOP. Counselling discussions and outcomes are recorded routinely on the Viewpoint FMU database. Information on the decision and method of TOPFA was collected and analysed.

04 Results

There was a significant change in practice over time regarding the TOPFA method chosen by FMU patients >20 weeks, with an increasing percentage of patients preferring STOP over MTOP: from 0% in 2016, <20% (2/11) in 2017, 56% (5/9) in 2018, 62% (8/13) in 2019 to 89% (8/9) in 2020 and 100% of 5 women in the first half of 2021 up to 3/09

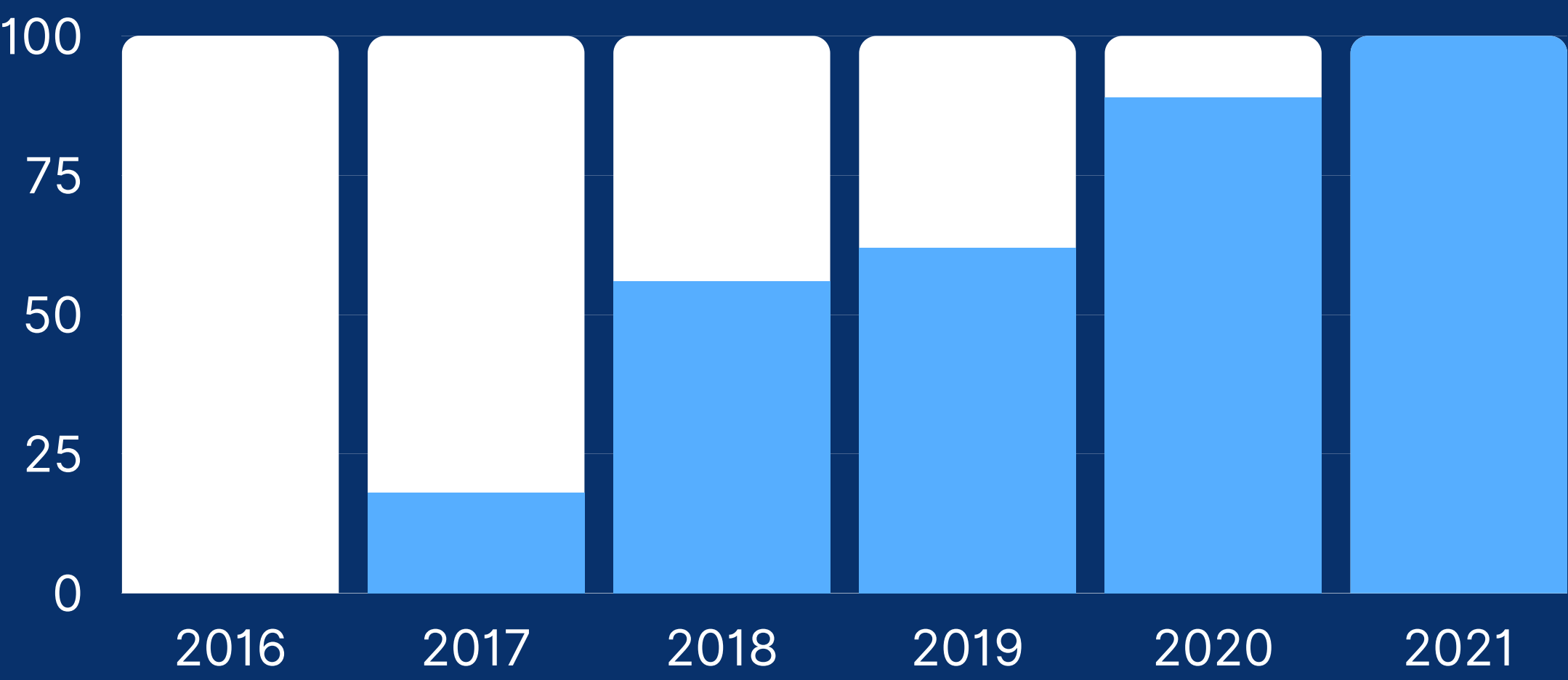


Figure 1: Depicts the trends in uptake of TOPFA methods from 2016 – 2021

● MTOP ● STOP

05 Discussion

The results of this quality improvement initiative have significant implications for the provision of abortion services in the NHS and more widely. Qualitative research has demonstrated the importance of respecting autonomy in TOPFA method decision making to assist grief recovery (2). This may be due to the two methods reflecting a different grieving path depending on whether the patient desires contact with the fetus (7). Thus, offering a method that does not align with their grieving process may complicate their recovery. However, the unfortunate reality is that choice of method is not often provided in the NHS. A study involving 430 TOPFA patients determined that only 14% of patients were offered choice of method (3). Furthermore, of the patients that underwent MTOP, 88% stated they used the method because it was the only choice. There are numerous barriers to autonomous decision making regarding TOPFA methods that can arise within the healthcare system.

- System related barriers to patient choice include:
 - A severe training crisis, particularly in STOP services in the second trimester (4)
 - Fragmented care pathways due to outsourcing of abortion care to the independent sector (6) Postcode lottery of provision (5).
- Clinician related barriers:
 - Perceived advantage of MTOP due to intact fetus for post-mortem (6): with recent advances in pre-natal diagnosis and genomics, the need for post mortem has declined and patients may well place greater value on method of abortion rather than potential information from post-mortem (6).
 - Clinician aversion to the concept of D+E provision and misconceptions regarding the safety of second trimester STOP (6)

Our results suggest that service adjustments in order to promote patient centred decisions through clinician education, impartial counselling and increasing service availability can drastically change the methods employed by patients. Such changes may have an impact on patient outcomes post TOPFA procedure.

06 Conclusion

- Prioritising patient choice “will lead to faster grief resolution” (7) – given this risk of adverse psychological effects and that the risk profile and effectiveness of the two TOPFA methods are highly similar, patient choice must be central in the decision making process.
- Our research has shown that identifying and ameliorating barriers to patient led decision making within our healthcare microsystem can have a significant impact on methods employed.
- As a system, we must work towards structuring our healthcare pathway to advocate for patient autonomy in order to improve patient outcomes and provide truly patient centred care.

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